

216020707
99604

State of Nebraska
Investigator's Motor Vehicle Accident Report

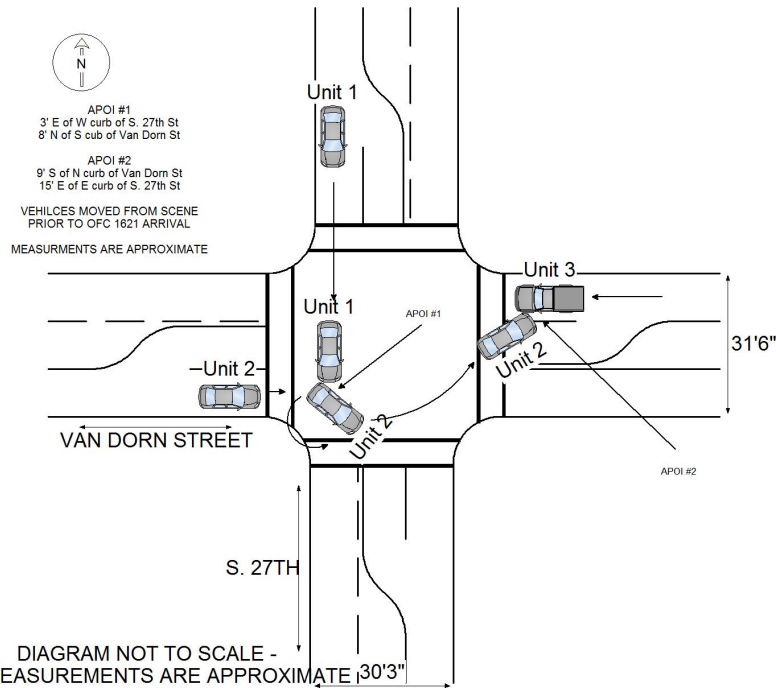
Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 500	Agency Case No. B6-044514	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/21/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY 05/22/2016
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1324	POLICE NOTIFIED 1327	
B 80	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 27th and Vandorn		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S. 27th and Vandorn					
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E 1	VEHICLE NO. 1					
F 1	DRIVER LICENSE NO.	B203135016		STATE (Of License)	MO	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	SIRISH CHANDRA MADANAPALLY		PHONE	248-247-0310	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP ENANUEL CRAVER 2 BLVD #3E, KANSAS CITY, MO 64112		DATE OF BIRTH (MM / DD / YYYY)	01/05/1990	
G 2	OWNER	HERTZ CORP		PHONE	402-474-4079	
H 5	OWNER ADDRESS	CITY, STATE, ZIP 2400 W ADAMS, LINCOLN, NE 68524		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB513338	
V1/O 1	LICENSE PLATE PA NO.	CDG5175		YEAR (Plate Expires)	2016	STATE (Of Plate) GA
V2/O 2	VEHICLE	2015	MAKE Nissan	MODEL ALTIMA	BODY STYLE 4 door Sedan	COLOR gray
I 1	VEHICLE ID NO. (VIN)	1N4AL3AP4FC291317		INSURANCE COMPANY	HERTZ CORP	
J 01	TOWED TO	TOWED BY		POLICY NO.	651485240	
K 02	VEHICLE NO. 2					
L 1	DRIVER LICENSE NO.	H13476874		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	KASSANDRA J PATTILLO		PHONE		
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 8635 LEXINGTON, LINCOLN, NE 68505		DATE OF BIRTH (MM / DD / YYYY)	10/12/1991	
J 01	OWNER	KASSANDRA J PATTILLO		PHONE	402-601-9076	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 8635 LEXINGTON, LINCOLN, NE 68505		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/Q 4	LICENSE PLATE PA NO.	TYP621		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
K 02	VEHICLE	2001	MAKE Toyota	MODEL CXL	BODY STYLE 4 door Sedan	COLOR silver / chrome
L 02	VEHICLE ID NO. (VIN)	4T1BG22K31U846059		INSURANCE COMPANY	STATE FARM	
M 02	TOWED TO	TOWED BY		POLICY NO.	0734732D2427C	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044514



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated she was EB on Vandorn St at S. 27th St. D2 stated the light for East West traffic was green, so she initiated a right turn to proceed SB on S. 27th St. D2 stated she was struck in the intersection by V1, which was SB on S. 27th ST. D2 stated V1 had violated the red light and collided with V2, causing it to collide with V3, which was stopped in traffic on Vandorn facing WB. D3 stated he was WB on Vandorn St at S. 27th St and observed V1 violate the red light SB on S. 27th St and collide with V2, which caused V2 to collide with V3. D1 stated he was SB on S. 27th St approaching Vandorn at approx. 35 mph and he was looking at his GPS device and did not see the light was red. D1 cited.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME LARRY E KREBSBACH 8011 THORNVIEW, LINCOLN, NE 68516				PHONE 402-488-5140
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																																																												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																																																																			
1		X			S. 27TH ST								<table border="1" style="width:100%;"> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </table>				4								4				<table border="1" style="width:100%;"> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> </table>				2								2				<table border="1" style="width:100%;"> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> </table>				2								2				<table border="1" style="width:100%;"> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>				1											
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1																																																																												
2			X		VANDORN																																																																							
1	01				06 Turning left				VEHICLE 1				VEHICLE 2																																																															
2	05				08 Entering traffic lane				POINT OF IMPACT				POINT OF IMPACT																																																															
					09 Leaving traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA																																																															
					10 Parked				00 None				02				03																																																											
					11 Slowing or stopped in traffic				09 Top & windows				01				04																																																											
					12 Other				10 Undercarriage				08				07																																																											
					13 Unknown				11 Total (all areas)				06				05																																																											
									12 Other																																																																			

OFFICER NO. 1621	TROOP/TEAM/BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Christopher Schamber		INVESTIGATOR SIGNATURE Approved by Officer Christopher Schamber	
DATE OF REPORT 05/22/2016			

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

500

Agency
Case
No.

B6-044514

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/21/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S. 27th and Vandorn

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO.		G02158904				STATE (Of License)		NE	SEX	3
	DRIVER		JEFFREY L SALOMONS				PHONE		402-560-0328		1.
M	DRIVER ADDRESS		CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)		12/21/1960		18
N	6209 DOGWOOD CIR, LINCOLN, NE		68516								2.
O	OWNER		JEFFREY L SALOMONS				PHONE		402-560-0328		3.
	OWNER ADDRESS		CITY, STATE, ZIP				CITATION		YES NO		3.
P	6209 DOGWOOD CIR, LINCOLN, NE		68516				CITATION		PENDING YES NO		3.
1	LICENSE PLATE		HM NO.		JS4NU		YEAR (Plate Expires)		2016		4.
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		5.
Q	2013		Toyota		TUNDRA		Pickup truck		COLOR		18
4	VEHICLE ID NO. (VIN)		5TFDW5F11DX321328				INSURANCE COMPANY		USAA GEN INDEMNITY CO		6.
	TOWED TO		TOWED BY				POLICY NO.		015685636G		35

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	4
	DRIVER						PHONE				1.
M	DRIVER ADDRESS		CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)				2.
N	OWNER						PHONE				3.
O	OWNER ADDRESS		CITY, STATE, ZIP				CITATION		YES NO		3.
P	LICENSE PLATE		NO.				YEAR (Plate Expires)				4.
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		5.
Q	VEHICLE ID NO. (VIN)						INSURANCE COMPANY				6.
	TOWED TO		TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 2 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 3		VEHICLE 4		4		2		3		2		3		
3				X	VANDORN	POINT OF IMPACT		POINT OF IMPACT		4		2		3		2		3		
4						07		07		4		2		3		2		3		
3	11	06 Turning left			MOST DAMAGED AREA		07		MOST DAMAGED AREA		4		2		3		2		3	
4		07 Making U-turn			00 None		02 03 04		01 05		4		2		3		2		3	
		08 Entering traffic lane			09 Top & windows		10 Undercarriage		11 Total (all areas)		4		2		3		2		3	
		09 Leaving traffic lane			12 Other		08 07 06				4		2		3		2		3	
		10 Parked									4		2		3		2		3	
		11 Slowing or stopped in traffic									4		2		3		2		3	
		12 Other									4		2		3		2		3	
		13 Unknown									4		2		3		2		3	

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5		SEX M F		
VEH. #	NAME				ADDRESS											
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.					
VEH. #	NAME				ADDRESS											
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.					
VEH. #	NAME				ADDRESS											
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-044514

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1621		TROOP/ TEAM/ BEAT NE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Christopher Schamber			INVESTIGATOR SIGNATURE Approved by Officer Christopher Schamber		DATE OF REPORT 05/22/2016